



Department of Environment and Conservation  
Underground Storage Tanks  
4<sup>th</sup> Floor, L & C Tower  
401 Church Street  
Nashville, Tennessee 37243-1541

**CORRECTIVE ACTION COST PROPOSAL**

**PROGRAM TASK PHASE I CORRECTIVE ACTION** - Preparation of Corrective Action Plan (CAP), Implementation of CAP  
(including installation of system)

BRIEF DESCRIPTION OF WORK BEING PERFORMED:

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*DO NOT COMBINE FIELD TIME WITH REPORT PREPARATION TIME. USE A SEPARATE REPORT PAGE FOR EACH REPORT.*

FACILITY NAME \_\_\_\_\_

FACILITY ID No. \_\_\_\_\_

TOTAL ESTIMATED COSTS  
FOR EACH CATEGORY

a. PERSONNEL	_____
b. CAPITAL EXPENSE ITEMS	_____
c. RENTALS	_____
d. MILEAGE	_____
e. HAULING AND DISPOSAL	_____
f. WELL CONSTRUCTION	_____
g. ANALYSIS	_____
h. REPORTS	_____
i. SITE PREPARATION	_____
j. MISCELLANEOUS	_____
<b>TOTAL</b>	=====

## PHASE I CORRECTIVE ACTION-PERSONNEL

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

### PROGRAM TASK - Phase I Corrective Action

## CLEANUP EVENT - Implementation of CAP

DESCRIPTION OF EVENT:

[illegible]

### Total Personnel Costs

# PHASE I CORRECTIVE ACTION-CAPITAL EXPENSE ITEMS

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase I Corrective Action

CLEANUP EVENT - Implementation of  
CAP

*Equipment, fixtures, and other tangible personal property of a non-consumable and non-expendable nature, the value or aggregate cost of which is \$5,000 or more and the normal expected life of which is one (1) year or more.*

*Cost should include first time expenses of such items as normal markup, pump, tubing, tray, housing, sales tax, generator, compressor and any other parts needed for installation.*

Name and description of capital expense item(s) \_\_\_\_\_

Describe the primary function of the capital expense item(s) \_\_\_\_\_

Life expectancy \_\_\_\_\_ Projected startup date \_\_\_\_\_

<u>Description of Parts Needed for Installation</u>	<u>Quantity</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
<b>Total Capital Costs</b>					_____

## PHASE I CORRECTIVE ACTION-RENTALS

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase I Corrective Action

CLEANUP EVENT - Implementation of  
CAP

*All rentals should be shown on this form.*

<u>Description of Each Rental Item</u>	<u>Unit Time</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
<b>Total Rental Costs</b>					_____

## PHASE I CORRECTIVE ACTION-MILEAGE

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase I Corrective Action

CLEANUP EVENT - Implementation  
of CAP

*Rental vehicles should only include mileage. Vehicle rental costs will not be reimbursed.*

### Cars

<u>Description of Vehicle</u>	<u>Miles</u>		<u>Rate</u>	=	<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____

### Trucks

<u>Description of Vehicle</u>	<u>Miles</u>		<u>Rate</u>	=	<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____

### Other Vehicles

<u>Description of Vehicle</u>	<u>Miles</u>		<u>Rate</u>	=	<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____

**Total Mileage Costs**

\_\_\_\_\_

# PHASE I CORRECTIVE ACTION-HAULING AND DISPOSAL

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase I Corrective Action

CLEANUP EVENT - Implementation of  
CAP

*Include all costs associated with hauling and disposal of contaminated soil and/or water. This includes, incineration, landfilling, landfarming, and drum disposal.*

## Trucking

<u>Description</u>	<u>Units</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____

## Disposal

<u>Description</u>	<u>Units</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____

**Total Hauling and Disposal Costs**

\_\_\_\_\_

# PHASE I CORRECTIVE ACTION-WELL CONSTRUCTION

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase I Corrective Action

CLEANUP EVENT - Implementation of  
CAP

*Well construction costs shall include labor, rig, materials (such as casing, screen, caps, plugs, protective casing, sand, bentonite and miscellaneous equipment and supplies), installations, and well development. Also include well points, soil borings and piezometers on this form. This includes recovery, air sparging and/or vapor extraction wells.*

*List **EACH** well using the well identification number shown in technical reports for this site.*

## Well Construction

<u>Well ID #</u>	<u>Type of Well</u>	<u>Diameter</u>	<u>Depth</u>	<u>Rate</u> <u>Per Foot</u>	<u>Costs</u>
_____	_____	_____	_____ X _____	= _____	_____
_____	_____	_____	_____ X _____	= _____	_____
_____	_____	_____	_____ X _____	= _____	_____
_____	_____	_____	_____ X _____	= _____	_____
_____	_____	_____	_____ X _____	= _____	_____
_____	_____	_____	_____ X _____	= _____	_____
<b>Subtotal</b>					=====

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<u>Activity</u>	<u>Quantity</u>	<u>Rate</u>	<u>Costs</u>
Split Spoon	_____ # of samples	X _____ Per sample	= _____
Per diem	_____ # of days	X _____ Per day	= _____
Mobilization	_____ # of miles	X _____ Per mile	= _____
Decontamination	_____ # of borings	X _____ Per boring	= _____
Third Man	_____ # of hours	X _____ Per hour	= _____
Other	_____	X _____	= _____
<b>Total Well Construction Costs</b>			_____

## PHASE I CORRECTIVE ACTION-ANALYSIS (If required)

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase I Corrective Action

CLEANUP EVENT - Implementation  
of CAP

*Bulk rates are expected to be obtained whenever possible. BTX and GRO should be run together when applicable.*

<u>Chemical of Concern</u>	<u>Soil/Water</u>	<u>Quantity</u>	<u>Rate</u>	<u>Costs</u>
BTEX, GRO, MTBE	<u>SOIL</u>	_____	X _____	= _____
BTEX, GRO, MTBE	<u>WATER</u>	_____	X _____	= _____
BTEX, GRO, MTBE, EPH	<u>SOIL</u>	_____	X _____	= _____
BTEX, GRO, MTBE, EPH	<u>WATER</u>	_____	X _____	= _____
EPH	_____	_____	X _____	= _____
TCLP	<u>SOIL</u>	_____	X _____	= _____
PAH's	_____	_____	X _____	= _____
Metals	_____	_____	X _____	= _____
<b><u>Effluent Samples</u></b>				
Suspended Solids	<u>WATER</u>	_____	X _____	= _____
Oil & Grease	<u>WATER</u>	_____	X _____	= _____
Lead (Pb)	<u>WATER</u>	_____	X _____	= _____
PH	<u>WATER</u>	_____	X _____	= _____
BTEX	<u>WATER</u>	_____	X _____	= _____
Iron (Fe)	<u>WATER</u>	_____	X _____	= _____
Manganese (Mn)	<u>WATER</u>	_____	X _____	= _____
Other (_____)	_____	_____	_____	_____
<b>Total Analysis Costs</b>				_____



## PHASE I CORRECTIVE ACTION-SITE PREPARATION

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase I Corrective Action

CLEANUP EVENT - Implementation of  
CAP

*Includes trenching for piping runs, excavation for infiltration gallery, concrete pads or system components.*

<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Rate</u>	<u>Costs</u>
_____	_____	X _____	X _____	= _____
_____	_____	X _____	X _____	= _____
_____	_____	X _____	X _____	= _____
_____	_____	X _____	X _____	= _____
_____	_____	X _____	X _____	= _____
_____	_____	X _____	X _____	= _____
_____	_____	X _____	X _____	= _____
_____	_____	X _____	X _____	= _____
_____	_____	X _____	X _____	= _____
_____	_____	X _____	X _____	= _____
_____	_____	X _____	X _____	= _____
_____	_____	X _____	X _____	= _____

**Total Site Preparation Costs** \_\_\_\_\_

## PHASE I CORRECTIVE ACTION-MISCELLANEOUS

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase I Corrective Action

CLEANUP EVENT - Implementation of  
CAP

*Miscellaneous costs include supplies, freight, permits, per diem, utilities, and any other items which do not fit any of the other categories.*

<u>Description Item(s)</u>	<u>Quantity</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
<b>Total Miscellaneous Costs</b>					_____

## PHASE I CORRECTIVE ACTION-REPORTS

FACILITY NAME \_\_\_\_\_

FACILITY ID NO. \_\_\_\_\_

PROGRAM TASK - Phase I Corrective Action

CLEANUP EVENT - Environmental Report

CORRECTIVE ACTION PLAN PREPARATION

SUBMITTAL DATE \_\_\_\_\_

*Personnel costs include salary, fringe benefits, multipliers, and overhead costs including insurance. Use only the titles listed in the UST Reasonable Rates under staff descriptions.*

<u>Name</u>	<u>Billing Title</u>	<u>Hrs.</u>		<u>Rate</u>		<u>Costs</u>
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____

**Total Report Costs**

\_\_\_\_\_